

APR 27 2019

BY: *****



Claims Examiner Authorization

CLAIM #: 040519008736

DOI: 02/15/2019

INSURED: Biotelemetry, Inc.

CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: Jonathan Shockley

CORVEL #: 139249073-UMO-2

ADJUSTER: Mario Castro

Determination Date: 04/22/2019

RFA Received Date: 04/17/2019

Provider: Patrick O Lang, MD (415) 751-4263

Pre-Cert #: 139249073-UMO-2

Briotix

Phone: 1-844-274-6849

Fax: 805-316-4121

Network:

Email: ergosupport-westcoast@briotix.com

The below request is **AUTHORIZED**. The decision was made on 4/22/19 and is summarized below:

TESTING								
Determination	Type of Test	Type of Contrast	Body Part	Effective Date	Termination Date	CPT	Facility	Provider
Requested	Ergonomic Evaluation at Workplace	N/A	Left - Hand, Right - Hand	4/22/19	10/22/19			
Certified	Ergonomic Evaluation at Workplace	N/A	Left - Hand, Right - Hand	4/22/19	10/22/19			

Claims Examiner: Mario Castro

Contact Information: (213) 612-0880

Hours of operation: 8:30 am to 5:30 pm, M-F

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

Utilization review does not include determinations of employer liability of the work injury, or of bill review for the purpose of determining whether the medical services were accurately billed.



ELECTRONIC PROOF OF SERVICE

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action; my business address is 111 SW 5th Avenue, Suite 200, Portland, Oregon, 97204.

I am readily familiar with CorVel's practice for electronic service of correspondence that is maintained on CorVel's electronic database.

On April 22, 2019, the within letter(s) were served on the parties in said action, by sending a true copy thereof **electronically** (facsimile) on the following parties:

ergosupport-westcoast@briotix.com
Email: ergosupport-westcoast@briotix.com

Erika.Perez@Chubb.com
Email: Erika.Perez@Chubb.com

Michele Church
Email: mchurch@chubb.com

Patrick O Lang, MD
Fax: (415) 359-1925

Executed on April 22, 2019, at Portland, Multnomah County, Oregon, 97204.

I, Linda Grant, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in black ink, appearing to read 'Linda A. Grant', written over a horizontal line.

Signature

File: 139249073 **Shockley**



PROOF OF SERVICE BY MAIL

I am a citizen of the United States and a resident of the County of Clark; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action. My business address is 4120 SE International Way, Suite A108, Milwaukie, OR 97222. I am readily familiar with CorVel's practice for collection and processing of correspondence maintained on CorVel's electronic database for mailing with the U. S. Postal Service. Under such practice, correspondence that is printed for mail service would be put in a sealed envelope with postage thereon fully prepaid and placed for collection and mailing on the same date by depositing such with the U.S. postal service in the ordinary course of business.

On April 22, 2019, the within letter(s) were served on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid addressed as follows:

Farber & Co
333 Hegenberger Road #504

Oakland
CA
94621

Jonathan Shockley
1000 Sutter St.
San Francisco
CA
94109

Patrick O Lang, MD
601 Van Ness Ave., #2018
San Francisco
CA
94102

Executed on April 22, 2019 at Milwaukie, OR 97222.



I, Becca Guimont, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

Becca Guimont

Signature

File: 040519008736, Shockley Jonathan